MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/155676	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2		1		1			52							
3							53							
4		3		1			54							
5		1					55							
6		1					56							
7		1					57							
8		1					58							
9	1		1				59							
10		1					60							
11		2		1			61							
12		2		1			62							
13		1					63							
14		1		1			64							
15		1		1			65							
16		1		1			66							
17		1		1			67							
18		1		1			68							
19		1		1			69							
20		1		1			70							
21		1		1			71							
22		1		1			72							
23		1		1			73							
24		1					74							
25		1					75							
26		1					76							
27		1		1			77							
28		1		1			78							
29		1		1			79							
30		1		1			80							
31		1		1			81							
32		1		1			82							
33		1		1			83							
34		1		1			84							
35		1		1			85							
36		1		1			86							
37	1		1				87							
38		1		1			88							
39		2		1			89							
40		1		1			90							
41		1					91							
42		1					92							
43		1					93							
44		1					94							
45	1		1				95							
46		1					96							
47	1		1				97							
48							98							
49		1					99							
50				1			100							
TOTAL IND.	6		6				TOTAL IND.							
TOTAL DEP.	48		44				TOTAL DEP.							
TOTAL CLAIMS	54		50				TOTAL CLAIMS							

PTO-1360 (3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS